2450-0517P

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the

Insert Title:	"FOLDER INDEX POCKET STRUCTURE"						
Fill in Appropriate Information - For Use Without	the specification of w	hich is attached hereto. If not att					
Specification	and amended on						
Attached:	the specification was filed on		(if applicable) and/or				
	International App	plication Number	as PCT				
	amended under I	PCT Article 19 on		; and was			
	amended under PCT Article 19 on						
	I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year date of this application in any country foreign to the United States of America on an application filed by or my legal patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America on an application, and that no application for application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent a filing date before that of the application on which priority is claimed:						
Insert Priority Information:	Prior Foreign Application(s)		,	Priority Claimed			
(if appropriate)	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
	I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s) listed below.						
Insert Provisional			•	FF more(s) asieu below.			
Application(s): (if any)	(Application Number)		(Filing Date)				
	(Application Number)		(Filing Date)	(Filing Date)			
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
	Country	Application Nun	nber Date of Filing (Month	n/Day/Year)			
Insert Requested Information (if appropriate) Insert Prior U.S.							
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.						
Application(s): (if any)	(Application Number)	(Filing Date)	(Status - patented, pe	nding, abandoned)			
Page 1 of 2	(Application Number)	(Filing Date)	(Status - patented, pe	nding, abandoned)			

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the

Send Correspondence to:

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Mapus of First of Sole Inventors treat Name	GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE					
Full Manns of First or Sole lawerton treat Name of Inventor treat Pare This Document is Signed	_Chin_Lien HO	INVENTOR'S SIGNATURE	_ 7	DATE		
Insert Residence	Residence (City, State & Country)	of to chinkly	CITIZENSHI	July 2, 2003		
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